

Offender Outpatient Progress Notes

Offender Information:

Alien
Last Name

Keith
First Name

ID# MA1830

Date/Time	RN Note: Subjective, Objective, Assessment	Plans
06/17/82 5:05P	S) Medical Furlough Return	P) Follow up with MD/NP in 5 days
120/78-98	Q) Inmate returned from medical furlough. No complaints voiced.	
72-99/RA	Paperwork received and forwarded to Medical Furlough clerk.	
	No paperwork received.	
	A) Medical Furlough Return	

Printed on Recycled Paper

Allen v. Hunter (23-3775) Bates Document No.: 000183

#2237

Exhibit 4 131, p. 1-2

M21830



AFTER VISIT SUMMARY

Keith Allen MRN: 1537618

6/17/2022 2:40 PM SIH Medical Group Neurology 618-351-4972

What's Next

You currently have no upcoming appointments scheduled.

Allergies

Not on File

Recommended Care

	Date Due
MMR Vaccines (1 of 1 - Standard series)	Never done
Varicella Vaccines (1 of 2 - 2-dose childhood series)	Never done
DTaP,Tdap, and Td Vaccines (1 - Tdap)	Never done
COVID-19 Vaccine (3 - Booster for Moderna series)	09/08/2021
Influenza Vaccine (Season Ended)	09/01/2022

Today's Visit

You saw Tiffany Ward, MD on Friday June 17, 2022. The following issue was addressed: Right hand pain.



Blood Pressure
118/78



BMI
24.37



Weight
165 lb



Height
69"



Temperature
97.1 °F



Pulse
66



Oxygen Saturation
98%

Exhibit # 131, p. 2 of 2

M21830

MyChart Information

If you are 18 or older and do not have a SIH MyChart patient portal account, we make it easy by following these steps:

1. Enter mychart.sih.net in your internet browser or download the MyChart app and select Southern Illinois Healthcare.
2. This will take you to the SIH MyChart home page
3. Click "Sign Up Now"
4. Click "Sign Up Online"

If you have problems with your MyChart account, call the SIH MyChart Liaison at 618-457-5200 ext. 67123.

Your Medication List as of June 17, 2022 3:35 PM

You have not been prescribed any medications.

COVID-19 Information

COVID-19, also known as a coronavirus, is caused by a type of virus that causes respiratory illness. Symptoms include fever, cough, and shortness of breath.

Here's what you can do to help protect yourself:

- Stay home if possible
- Avoid close contact (6 feet, which is about two arm lengths) with people who are sick
- If you do go out in public, wear a fabric mask in addition to avoiding close contact
- Wash your hands often with soap and water for at least 20 seconds
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect frequently touched surfaces

**Call our SIH COVID-19 Hotline if you have symptoms or concerns about exposure
844.988.7800**

Fax Server

6/22/2022 7:30:45 AM PAGE 1/003 Fax Server

M21830

SIH Professional Office
Building
305 West JacksonAllen, Keith
MRN: 1537618, DOB: 6/4/1988, Sex: M
Visit date: 6/17/2022

*Providers are independent contractors and
not employees of Southern Illinois Healthcare*

Procedures by Tiffany Ward, MD at 06/17/22 1440

Author Tiffany Ward, MD

Service —

Author Type: Physician

Filed: 06/17/22 1645

Encounter Date 6/17/2022

Status Signed

Editor Tiffany Ward, MD (Physician)

Procedure Orders

1. Nerve conduction test - Neurology Brain and Spine [68837251] ordered by Non-Electronic Order

Post-procedure Diagnoses

1. Right hand pain [M79.641]

Nerve conduction test - Neurology Brain and Spine

Date/Time: 6/17/2022 4:32 PM

Performed by: Tiffany Ward, MD

Authorized by: Michael Moldenhauer, NP

Preliminary Report:There is evidence of a mild median neuropathy at the right wrist.^(TW 1)

Electronically signed by Tiffany Ward, MD at 06/17/22 1645

Attribution Key

TW.1 - Tiffany Ward, MD on 06/17/22 1632

Exhibit # 133, p. 2 of 2

M21830



Allen, Keith

MRN: 1537518, DOB: 6/4/1988, Sex: M

Providers are independent contractors and
not employees of Southern Illinois Healthcare

HIM ROI Authorization - Scan on 6/22/2022 0728: MENARD ROI Request (below)

16188261746 16188261746 06-21-2022 1/2

Menard Correctional Center FACSIMILE COVER SHEET

DATE: <u>6/17/22</u>	# PAGES: <u>2</u>
TO: <u>SIH BRS</u>	FROM: <u>Menard Correctional Center</u>
PHONE:	<u>711 Kaskaskia Square</u>
FAX: <u>618-351-4878</u>	<u>Menard, Illinois 62259</u>
	PHONE: <u>618-826-5071 EXT: 2476</u>
	FAX: <u>618-826-1746</u>
	CONTACT: <u>Charity Obed Parfouch Clerk</u>

CONFIDENTIAL

☐ URGENT ☐ FOR YOUR REVIEW ☒ REPLY ASAP ☐ PLEASE COMMENT

Thank you.

C. Johnson

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us at the above address via U.S. Postal Service. Thank you.

9/28/2022 4:35:23 PM

So Ortho Assoc/Ortho Inst Of W KY Fax:

Page 1 of 1

M21830

510 Lincoln Drive
Herrin, IL 629486334
(618) 997-6800

**So Ortho Assoc/Ortho
Inst Of W KY**

Fax

To: Babich MD, Glen S

From: NextGen Admin

Fax: (618) 826-1746

Pages: 4

Company:

Date: 9/28/2022 4:35:22 PM

• **Comments:**

M21830



Patient: Keith Allen
Date of Birth: 06/04/1988 Age: 34
Date: 09/27/2022 10:50 AM
Visit Type: Office Visit

CHIEF COMPLAINT:

Numbness and tingling, right upper extremity and healed 5th metacarpal fracture.

HISTORY OF PRESENT ILLNESS:

1. rt hand

This 34-year-old inmate at Menard, has been having numbness and tingling mostly in his thumb, index, long and ring, sometimes in his small finger at times. He states it particularly occurs with activity, mostly with writing. He did have a nerve study that was recommended by Neurology. He had therapy, bracing, maybe some anti-inflammatory medicines. He states he would like to proceed with this. Denies any other issues or complaints.

Other Correspondence:

Nerve study by Dr. Ward demonstrated evidence of mild median neuropathy at the wrist. No dorsal ulnar cutaneous nerve abnormalities.

Nursing Comments:**PAST MEDICAL HISTORY (Detailed)**

Disease	Onset Date	Comments
Arthritis		

PAST SURGICAL HISTORY

Management	Laterality	Date	Comments
no known surgical history			

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.
Preferred language is English.
Tobacco use status: Cigarette smoker.
Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)

Condition

9/28/2022 4:35:39 PM

Be Orthopedic Online Inst Of WRY Fee:

Page 3 of 4

M21830

Family history of Cardiovascular disease
 Family history of Cancer, unknown
 Family history of Diabetes mellitus

MEDICATIONS:

Ordered this Encounter:

Brand	Dose	Sig Desc
MELOXICAM	7.5 mg	take 1 tablet by oral route every day

Patient Status

Completed with information received for patient transitioning into care.

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Medication Name	Prescribed Elsewhere	Status
Cymbalta 30 mg capsule, delayed release	Y	Verified

ALLERGIES:

Ingredient	Reaction (Severity)	Medication Name	Comment
------------	---------------------	-----------------	---------

NO KNOWN ALLERGIES

Reviewed, no changes.

REVIEW OF SYSTEMS:

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever and Night sweats.
Respiratory	Negative	Chest pain and Dyspnea.
MS	Negative	Except as noted in HPI and Chief complaint.

Vital Signs

VITAL SIGNS

BP	Ht ft	Ht in	Ht cm	Wt lb	BMI	Pulse	Resp	Temp F	Time	Measured by
mm/Hg					kg/m2	/min	/min			
	5.0	9.00	175.26	185.00	27.32				12:06 PM	April Hines

PHYSICAL EXAM:

His right hand did demonstrate a positive median carpal compression. He did have a positive Tinel's. Negative Wartenberg, negative Froment. No muscle atrophy. Strength was 5/5 bilaterally. Was neurovascularly intact. He had no tenderness to palpation along the base of his 5th metacarpal.

DIAGNOSTICS:

Ordered Date	Completed Date	Dx / Indication	Study	Result	orderedBy
09/27/2022		Pain in left hand	Hand Xray Min 3 Views		Mason PA-C David PA-C

Diagnostic Interpretation: Three views of his right hand demonstrates healed 5th metacarpal base fracture. No displacement or angulation noted. Unchanged from previous evaluation.

M21830

CLINICAL ASSESSMENT/PLAN:

#	Detail Type	Description
1.	Assessment	Pain in left hand (M79.642).
2.	Assessment	Carpal tunnel syndrome of right wrist (G56.01).

Assessment:

1. Right carpal tunnel syndrome.
2. Healed 5th metacarpal base fracture.

Plan:

I did discuss treatment options with the patient. He is requesting to try conservative measures prior to any type of surgery. We will recommend a forearm based wrist brace that he wears at night, some meloxicam 7.5 milligrams 1 p.o. daily as needed and some physical therapy. We will see him back here in 2 months to see how he is doing. If he has questions or issues before then, I have asked him to call.

David Mason, PA-C/60022

The patient was checked out at 12:41 PM.

Electronically signed by : **David Mason PA-C** 09/27/2022 10:50 AM

510 Lincoln Drive Herrin, IL 62948 - Phone: 618.997.0800 - Fax: 618.993.9385 - www.orthopaedicinstitute.com



David Mason, PA-C
Orthopaedic Institute
510 Lincoln Drive
Herrin, IL 62948
Phone: (618) 997-6800
LIC: 85002553
NPI: 1649210766



M21830

Date: September 27, 2022
Start Date: 09/27/2022

Patient Name: Keith Allen

Address: 711 Kaskaskia St
Menard, IL 622599999

DOB: 06/04/1988
DX Code:

Drug	SIG	Dispense	Refill	DAW	Special Instructions
meloxicam 7.5 mg tablet	take 1 tablet by oral route every day	30 (thirty)	1 (one)	Generic Substitution Permissible	

Provider:


Prescription is void if more than one (1) prescription is written per blank.

written
of 9/27/22

M21830



Patient MRN: 000000272220
Date: 09/27/2022
Description: Medical Assistant/Nurse Note Documentation

Allen, Keith 06/04/1988

patient with a healed 5th metacarpal base fracture and right Carpal tunnel syndrome. Recommend a cock up wrist brace to wear at night and as needed. Recommend PT for modalities and myofascial release. Recommend meloxicam 7.5 mg po daily as needed. Follow up in 2 months. If not improved plan carpal tunnel release.


Rendering Provider: David Mason PA-C

Document generated by: David Mason 09/27/2022 12:43 PM

Witter
OK
9/27/22

Exhibit # 136, p. 1 of 3

FROM

(THU) SEP 28 2023 11:02/ST. 11:01/No. 7531756438 P 3

m21830



Patient: Keith Allen
Date of Birth: 06/04/1988 Age: 35
Date: 08/03/2023 8:40 AM
Visit Type: Office Visit

CHIEF COMPLAINT:

Right carpal tunnel release, surgery date was 03/03/2023.

HISTORY OF PRESENT ILLNESS:

1. Follow Up of rt hand

This 34-year-old inmate from Menard comes back for his followup. He states he is doing much better. Numbness and tingling is improved. It is not 100%, but it is getting better.

PAST MEDICAL HISTORY (Detailed)

Disease	Onset Date	Comments
Bipolar		
PTSD		
Arthritis		

PAST SURGICAL HISTORY

Management	Operative	Date	Comments
R CTR		03/03/2023	

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.
Preferred language is English.
Tobacco use status: Cigarette smoker.
Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)

Condition
Family history of Cardiovascular disease
Family history of Cancer, unknown

Allen, Keith 000000272220 06/04/1988 08/03/2023 08:40 AM Page: 1/3

EID #2248 136 p. 2 of 3

FROM

(THU)SEP 28 2023 11:03/ST. 11:31/No. 7531758438 P 4

m2183E

Family history of Diabetes mellitus

MEDICATIONS:

Medication Reconciliation
 Medications reconciled today.
 Patient is on no medications.

ALLERGIES:

Ingredient	Reaction	Severity	Comments
NO KNOWN ALLERGIES			

Reviewed, no changes.

REVIEW OF SYSTEMS:

System	Findings	Comments
Constitutional	Negative	Chills, Fever and Night sweats.
Respiratory	Negative	Chest pain and Dyspnea.
MS	Negative	Except as noted in HPI and Chief complaint.

Vital Signs**VITAL SIGNS**

BP	HR	RR	Temp	SpO2	Pulse	Resp	Temp	SpO2	Measured by
mm/Hg	b/min	b/min	°C	%	b/min	b/min	°C	%	
5.0	9.00	175.26	185.00	27.32					8:39 AM April Hines

PHYSICAL EXAM:

Incision was well healed. He had full range of motion. He had no evidence of infection. Sensation on gross exam was intact. He was neurovascularly intact.

CLINICAL ASSESSMENT/PLAN:

1. Assessment Nondisp fx of base of fifth MC bone, right hand, Init (S62.346A).
2. Assessment Carpal tunnel syndrome, right upper limb (G56.01).

Plan:

I did advise him it does take a long time for that nerve to regenerate. It may never completely be perfect again, but in general, if he gives this plenty of time, it should continue to improve. We will see him back in our clinic as needed. If he has problems or issues in the future, we are happy to help out.

David Mason, PA-C/60001

Allen, Keith 000000272220 06/04/1988 08/03/2023 08:40 AM Page: 2/3

Exhibit #136/p.3 of 3

FROM

(THU) SEP 28 2023 11:34/ST. 11:31/No. 7531756438 P 5

m2183E

Electronically signed by : **David Mason PA-C** 08/03/2023 08:40 AM

Document generated by: N. Admin 08/06/2023 07:00 AM v. 2.0/2.0
-8.373.9

510 Lincoln Drive Harrin, IL 62948 • Phone: 618.997.8800 • Fax: 618.998.9385 • www.orthopaedicinstitute.com

Electronically signed by Steven D. Young MD on 08/28/2023 07:41 AM

Allen, Keith 000000272220 06/04/1988 08/03/2023 08:40 AM Page: 3/3

PAGE 3/3 • RCVD AT 9/28/2023 11:40:10 AM [Central Daylight Time] • SVR:IL084EFAX03/19 • DNIS:6308453721 • CSID:6183640567 • ANI:10.225.188.30:32305,6183640600 • DURATION (m

Allen v. Hunter (23-3775) Bates Document No.: 000414

EX ID # 225137, p 1 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard Correctional Center
(Facility)Offender's Name: Allen, Keith ID# m21830Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☐ Procedure/service (specify) _____
☒ Other (specify) 2 mo fluUrgent: ☐ Yes ☒ NoReferred to: OISERationale for Referral: Seen ortho on 9/27/22 for having numbness
tingling mostly in thumb, index, long & ring, sometimes
in his small finger @ times - Recommend EmofluMiss Dearmond, FNP-C
Print Referring Practitioner's NameMiss Dearmond
Referring Practitioner's SignatureDate 10-4-22

Report of Referral (Use Reverse Side, if necessary)

Findings: _____

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision,
DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender's Medical File, and
if denied/revise, Health Care Unit Administrator

Page 1 of 1

DOC 0254 (Eff. 4/2007)
(Replaces DC 7105)

Keith Allen 000278

Exhibit ID #2252, 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard CC
(Facility)Offender's Name: Allen, KeithID# M21830

Reason for Referral:

☐ Consult☐ Non-Formulary Medications☐ Medical Equipment☐ Evaluation☐ Management☐ Procedure/service (specify) _____☒ Other (specify) 2 month follow-upUrgent: ☐ Yes ☒ NoReferred to: OISI D. Mason PA-CRationale for Referral: DX: Hx of 5th metacarpal base fracture and carpal tunnel syndrome-right. DOB: 06/04/88.Alisa Dearmond FNP-C

Print Referring Practitioner's Name

Alisa Dearmond
Referring Practitioner's Signature09/27/22

Date

Report of Referral (Use Reverse Side, if necessary)

Findings: _____

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Exhibit # 10/12-2



✓ dm
10/12-2
M21830

THERAPY ORDERS

DATE: 09/27/2022 10:50 AM
 PATIENT: Keith Allen
 DOB: 06/04/1988
 ADDRESS: 711 Kaskaskia St
 CITY: Menard STATE: ZIP: 62259-9999
 TELEPHONE: (618)826-5071

PT Eval & Treat or OT Eval & Treat

FREQUENCY: 1-2
DURATION: 2-4 weeks

TREATING ASSESSMENT

Diagnosis description
 Carpal tunnel syndrome of right wrist

Dx code	Status
G56.01	

PHYSICIAN GOALS

pain relief
 increased function

TREATMENT

OT evaluate & treat
 Home exercise

MANUAL THERAPY

Myofascial release

MODALITIES

Modalities of Choice

Provider: David Mason PA-C 09/27/2022 10:50 AM

Supervising: 09/27/2022 10:50 AM

Document generated by: David Mason 09/27/2022

Exhibit # 2254 p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menard Correctional Center
 (Facility)

Offender's Name: Allen, Keith

ID# m21830

Reason for Referral:

☐ Consult

☐ Non-Formulary Medications

☐ Medical Equipment

☐ Evaluation

☐ Management

☐ Procedure/service (specify)

☒ Other (specify)

2 mo flu

Urgent: ☐ Yes ☒ No

Referred to: OISE

Rationale for Referral:

Seen on 9/27/22 for having numbness
tongling mostly in thumb, index, long & ring, sometimes
in his small finger @ times - Recommend 2 mo flu

Alisa Dearmond, FNP-C

Print Referring Practitioner's Name

Alisa Dearmond
 Referring Practitioner's Signature

10-4-22
 Date

Findings:

Report of Referral (Use Reverse Side, if necessary)

Assessment:

Recommendations/Plans:

Print Practitioner's Name

Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender's Medical File, and
 if denied/revise, Health Care Unit Administrator

ID #2255

*BEGIN USING FROM BOTTOM UP

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)

Patient _____ Reg. # _____ Date: _____

Problem _____

ORDER: (Physician's Signature After Last Order) _____

DEA/Illinois Lic. # _____ Physician (Print) _____

☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

NKDA

MCC

E8-13

State of Illinois
Dept. of CorrectionsPRESCRIPTION ORDER
Chart Copy (Not a prescription)Patient Allen, Keith Reg. # M21830 Date: 9/27/22

Problem _____

ORDER: (Physician's Signature After Last Order) _____

Meloxicam 7.5mg PO QD x 3 monthsDEA/Illinois Lic. # _____ Physician (Print) Crane☐ May Substitute _____ M.D.☐ May Not Substitute _____ M.D.DCA 7000
IL 426-1417

Noted by: _____ Date: _____

ID #2256

BEGIN USING FROM BOTTOM UP

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

C813

Offender: _____ ID #: _____ Date: _____

Allergies: NKDA Facility: _____ Cell #: _____

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: _____ Physician (Print): _____

☒ May Substitute: _____ M.D.☐ May Not Substitute: _____ M.D.Noted by: _____ Date: _____ DOC 0559 (Eff. 8/2019)
Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

Offender: _____ ID #: _____ Date: _____

Allergies: NKDA Facility: _____ Cell #: _____

ORDER: (Physician's Signature After Last Order)

DEA/Illinois Lic. #: BB6137788/1003912601 Physician (Print): Morris A. Blount, Jr., M.D.

☒ May Substitute: _____ M.D.☐ May Not Substitute: _____ M.D.Noted by: _____ Date: _____ DOC 0559 (Eff. 8/2019)
Replaces DCA 7000

ILLINOIS DEPARTMENT OF CORRECTIONS

Prescription Order

Chart Copy (Not a prescription)

Offender: Allen, Keith ID #: M21830 Date: 11-8-22

Allergies: NKDA Facility: Menard Cell #: _____

ORDER: (Physician's Signature After Last Order)

stop Cymbalta 30mg po qhs
start Cymbalta 60mg po qhs x 60 days DOT

(Provider is aware of possible drug interactions, please dispense)

DEA/Illinois Lic. #: BB6137788/1003912601 Physician (Print): Morris A. Blount, Jr., M.D.

☒ May Substitute: Morris A. Blount, Jr., M.D. M.D.☐ May Not Substitute: _____ M.D.Noted by: Jeremy Butler, CN2 Date: 11/9/22 DOC 0559 (Eff. 8/2019)
Replaces DCA 7000

Keith Allen 000330

Menard Correctional Center

 Last Name

 First Name

 MI

ID#: m21830

Allen v. Hunter (23-3775) Bates Document No.: 000367

ID #2258
Exhibit 140, 2 of 2ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress NotesMenard Correctional Center

Offender Information:		
<u>Allen</u> Last Name	<u>Keith</u> First Name	ID# <u>MA1830</u>

Date/Time	Subjective, Objective, Assessment	Plans
4-4-23	Med Furlough Clerk Note:	
	S.) Ø	P.) Waiting for report, will report to scheduler once received to get individual scheduled with N/P or MD
	O.) Faxed Wexford Health Service form to request medical records.	H. Rodgers H. Rodgers Med Furlough Clerk
	To: OISI	
	At fax number: 618-993-8188	
5-10-18	not nk	P) let r to
	S) pt states some symptoms	Ø
	O) Manual Port ✓	
	A) complete no new info	

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

Exhibit # 141 ID #2259

3/1/2023 15:28

RRD → 16188261746

3/3

m 21830

Memorial Hospital
1900 State Street
Chester, IL 62233-
(618) 826-4581

Patient: ALLEN, KEITH
MRN: 80013713
FIN: 60188338
DOB/Age/Sex: 6/4/1988 34 years Male
Location: MMRL Lab - MH

Admit: 3/1/2023
Disch:
Admitting: Dearmond, Alisa
Copy to: Dearmond, Alisa

Chemistry

Routine Chemistry

Collected Date 3/1/2023
Collected Time 12:57 CST

Procedure		Units	Reference Range
Sodium Lvl	138	mmol/L	[135-145]
Potassium Lvl	4.6	mmol/L	[3.3-4.9]
Chloride	102	mmol/L	[97-110]
CO2	26.0	mmol/L	[22.0-32.0]
AGAP	15	mmol/L	[2-16]
BUN	9	mg/dL	[5-25]
Creatinine	1.50 ^M	mg/dL	[0.80-1.30]
GFR African American	69 ^L	mL/min/1.73 m2	[>=70]
GFR NonAfrican American	60 ^L	mL/min/1.73 m2	[>=70]
Glucose Lvl	88	mg/dL	[70-99]
Calcium Lvl	9.8	mg/dL	[8.5-10.3]
Total Protein	6.8	gm/dL	[6.5-8.5]
Albumin Lvl	4.6	gm/dL	[3.5-5.0]
Globulin	2.2 ^L	gm/dL	[2.3-3.5]
Alk Phos	68	unit/L	[40-130]
ALT	25	unit/L	[5-40]
AST	19	unit/L	[10-40]
Bili Total	0.3	mg/dL	[0.1-1.2]

✓ 3/1/23
mm

@=Abnormal * =Critical L=Low H=High ^=Corrected N=Comment O=Order Comment #=Interp Data R=Performing Loc

Report Request ID: 517243326

Page 1 of 1

Print Date/Time: 3/1/2023 15:27 EST

3/1/2023 14:28

RRD→16188261746

3/3

M2-1830

Memorial Hospital
1900 State Street
Chester, IL 62233-
(618) 826-4581

Patient: ALLEN, KEITH
MRN: 80013713
FIN: 60188338
DOB/Age/Sex: 6/4/1988 34 years Male
Location: MMRL Lab - MH

Admit: 3/1/2023
Disch:
Admitting: Dearmond, Alisa
Copy to: Dearmond, Alisa

Hematology

General Hematology

Collected Date 3/1/2023
Collected Time 12:57 CST

Procedure		Units	Reference Range
WBC	4.1 ^L	x10(3)/uL	[4.8-10.8]
RBC	5.03	x10(6)/mcL	[4.50-6.10]
Hgb	13.7 ^L	gm/dL	[14.0-18.0]
Hct	40.9 ^L	%	[41.0-53.0]
MCV	81.3	fL	[80.0-100.0]
MCH	27.2	pg	[26.0-34.0]
MCHC	33.4	gm/dL	[31.0-37.0]
RDW-CV	12.8	%	[11.5-14.5]
RDW-SD	36.8 ^L	fL	[37.0-54.0]
Platelet	275	x10(3)/uL	[130-400]
MPV	9.2	fL	[7.4-10.4]
Neutro Auto	51.1	%	[42.2-75.2]
Lymph Auto	34.7	%	[20.5-51.0]
Mono Auto	9.5	%	[1.7-10.0]
Eos Auto	3.3	%	[0.0-10.0]
Basophil Auto	1.4 ^H	%	[0.0-1.0]
Neutro Absolute	2.1	x10(3)/uL	[1.4-6.5]
Lymph Absolute	1.4	x10(3)/uL	[1.2-3.4]
Mono Absolute	0.4	x10(3)/uL	[0.1-0.6]
Eos Absolute	0.1	x10(3)/uL	[0.0-0.7]

Differential Results

Collected Date 3/1/2023
Collected Time 12:57 CST

Procedure		Units	Reference Range
Basophil Absolute	0.1	x10(3)/uL	[0.0-0.2]

✓ 3/1/23

BOM

ID #2261
Exhibit 141, p. 3 of 4

uivmefaxp01

3/18/2023 6:02:50 PM PAGE 4/057 Fax Server



University of Illinois Hospital & Health Sciences System
Reference Laboratory
840 South Wood Street Room 170 (M/C 750)
Chicago, IL 60612
Ph 312.355.5800

Laboratory Director Sally A. Campbell-Lee, MD

Menard Correctional Center
711 Kaskaskia St
PO Box 711
Menard Illinois 62259

PATIENT NAME Allen, Keith	DOB 6/4/1988	MRN 200491267	SEX male	REQUISITION NO. RQ1360233
PHYSICIAN BABICH, GLEN	OUTSIDE MRN A208-M21830		PRINTED DATE 3/18/2023 6 01 PM	

Final Report

Reportable Tests: CORONAVIRUS SARS-COV-2 RT PCR

Authorizing Provider

Glen Babich

CORONAVIRUS SARS-COV-2 RT PCR (Final result)

Component	Value	Ref. Range
Coronavirus SARS-CoV-2 RT PCR	Not Detected	Not Detected
Testing was performed using the Abbott Qualitative RealTime SARS-CoV-2 assay. The assay is a real-time (rt) reverse transcriptase (RT) polymerase chain reaction (PCR) that detects nucleic acid from the SARS-CoV-2 samples in nasal, nasopharyngeal and oropharyngeal swabs. This assay is for in vitro diagnostic use under FDA Emergency Use Authorization (EUA). The test has been validated by the Microbiology Laboratory at the University of Illinois Hospital and Health Sciences Center in accordance with the FDA's guidance Document (Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to EUA for Coronavirus Disease -2020 during the Public Health Emergency). Results reported as "Detected" are indicative of the presence of SARS-CoV-2 RNA, but does not rule out co-infection with other pathogens; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Results reported as "NOT-Detected" do not preclude SARS-CoV-2 infection. Results reported as "Inconclusive" means that we are unable to reliably determine a result for a specimen due to either inadequate collection of specimen or sample error during amplification process. All Results should be interpreted in the context of clinical manifestation, epidemiological information and should not be used as the sole clinical diagnosis.		

Specimen Type: Swab Specimen Source: Anterior Nasal Specimen: 23H-077SR0186 Ordered by Unspecified Authorized by Glen Babich Collected: 3/17/2023 0900 Received: 3/18/2023 0232 Verified: 3/18/2023 1735 Resulted by UIH

Collection Questions

Reason for Test:

None

Date of Symptom Onset

Resulting Labs

UIH CLIA: 14D0864392

UI HEALTH PATHOLOGY LABORATORY, 840 South Wood Street Room 215 BLDG 920 (CSB),
Chicago IL 60612
Director: Frederick Behm M.D.

Patient: Allen, Keith

MRN: 200491267

RQ1360233

Page: 1 of 1

Exhibit ID #2262

ILLINOIS DEPARTMENT OF CORRECTIONS
Covid-19 Rapid Test Result ReportMenard CCOffender Name: Allen, Keith
(Print Name)ID# ma1810Date of Test: 5-31-23Time of Test: 9 amLot Number: 8020175Expiration Date: 2/24/24Test Administered by: [Signature]

Exhibit ID #2263 1 of 4

11/15/2022 8:40 AM

The Orthopaedic Institute of Southern Illinois

Page 2 of 4

M21830



Patient: Keith Allen
 Date of Birth: 06/04/1988 Age: 34
 Date: 11/15/2022 8:40 AM
 Visit Type: Office Visit

CHIEF COMPLAINT:

Numbness and tingling thumb, index, long finger.

PAST MEDICAL HISTORY (Detailed)

Disease	Onset Date	Comments
Arthritis		

PAST SURGICAL HISTORY

Management	Laterality	Date	Comments
no known surgical history			

SOCIAL HISTORY (Detailed)

Tobacco use: occasional.
 Preferred language is English.
 Tobacco use status: Cigarette smoker.
 Smoking status: Current every day smoker.

FAMILY HISTORY (Detailed)

Condition
 Family history of Cardiovascular disease
 Family history of Cancer, unknown
 Family history of Diabetes mellitus

MEDICATIONS:

Medication Reconciliation
 Medications reconciled today.

ALLERGIES:

Ingredient	Reaction (Severity)	Medication Name	Comment
------------	---------------------	-----------------	---------

Allen, Keith 000000272220 06/04/1988 11/15/2022 08:40 AM Page 1/3

Exhibit # 103 p. 2 of 4
ID #2264

11/15/2022 8:41:24 AM

99 Ortho Assoc/Ortho Inst G/W KY Fax

M21380

Page 4 of 4

David Mason, PA-C/60001

Electronically signed by: **David Mason PA-C** 11/15/2022 08:40 AM

810 Lincoln Drive Herrin, IL 62948 - Phone: 618.997.0800 - Fax 618.998.9385 - www.orthopedicinstitute.com

Allen, Keith 000000272220 06/04/1988 11/15/2022 08:40 AM Page 3/3

ID #2265

Exhibit # 192, p. 3 of 4



M21835

Pre-Op/Surgery Orders

Today's Date: 02/20/2023 11:11 AM Encounter Date: 02/03/2023

Patient Name: Keith Allen
 DOB: 06/04/1988
 SSN:
 Primary Insurance: Wexford Health Sources Claims
 Other Insurance:
 Phone: H: (618)826-5071

Side	Indication	Diagnosis	Type of Treatment	Proc Code	Date
right	Carpal tunnel syndrome of right wrist	G56.01	Carpal Tunnel Release	64721	03/03/2023

Surgery Date: 03/03/2023
 Operative Consent: Rt. hand CTR, PAN

Surgeon: Steven D. Young, MD
 Facility: Marion Healthcare
 Preop H&P Physician: Physician at Menard 826-5071 x2467
 Send Pre-Op Testing to PCP: fax 826-1746

Anesthesia: Beir Block.

Lab Diagnosis: Carpal tunnel syndrome of right wrist G56.01

Pre-Op Labs Per Anesthesia

Pre-op Prep:

NPO past midnight
 Routine clip and skin cleanse to operative site
 Patient to initial operative site
 IVNS(Unexpected Value)
 IMLR 1000cc @ KVO
 Accucheck if diabetic

Pre-op Meds:

80-120 kilograms - 2 gm Ancef IVPB in holding area (if < 80 give 1 gm Ancef, if > 120 give 3 gm Ancef)

Allergies:
 Ingredient

Reaction (Severity)

Medication
 Name

Comment

Allen, Keith 06/04/1988

1/2

212

Allen, Keith 06/04/1988

510 Lincoln Drive Herlin, IL 62848 • Phone: 618.997.6800 • Fax: 618.998.9385 • www.onlinemedicalsupply.com

$$E_{\text{eff}} = E_0 \left(1 + \frac{1}{2} \frac{v^2}{c^2} \right) \quad \text{for } v \ll c, \quad E_{\text{eff}} = E_0 \gamma \quad \text{for } v \sim c, \quad E_{\text{eff}} = E_0 \gamma^2 \quad \text{for } v \sim c.$$

Electronically signed by: Steven D. Young MD 02/03/2023 08:00 AM

Vitals:				
Ht (in)	69.00			
Wt (lb)	185.00			
BP				
Pulse				
BMI	27.32			
Temp (F)				
Resp				

NO KNOWN ALLERGIES

814-629-7397 • Fax: 814-629-7644

Allen v. Hunter (23-3775) Bates Document No.: 000432

MEDICATION ADMINISTRATION RECORD

[illegible]

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

Allen v. Hunter (23-3775) Bates Document No.: 000434

Injection Site Codes:

- G. Right (Quadriceps) Flight
- H. Thigh (Quadriceps) Flight
- I. Upper Back Left
- J. Upper Back Right
- K. Upper Chest Left
- L. Upper Chest Right

1

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

Allen v. Hunter (23-3775) Bates Document No.: 000436

Instructions

U-46398

Exhibit # 146, p. 1

MEDICATION ADMINISTRATION RECORD

[illegible]

MEDICATION ADMINISTRATION RECORD

[illegible]

F 01821 MF2

Reorder Form
 800-438-8854
 1-800-438-8854
 Dept. of Mathematics Program

Exhibits 146

814-629-7397 • Fax: 814-629-7644

Allen v. Hunter (23-3775) Bates Document No.: 000430

Exhibit # 149,

MEDICATION ADMINISTRATION RECORD

[illegible]

Allen v. Hunter (23-3775) Bates Document No.: 000426

Exhibit # 148, p. 1

MEDICATION ADMINISTRATION RECORD
BOSWELL PHARMACY SERVICES
 814-629-1397 • Fax: 814-629-7644

EFFECTIVE DATE		HOUR																															
MEDICATIONS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Original Order	DULOXETINE 60MG CAP SUB FOR CYMBALTA TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME "DOT"																																
Discontinue	1/8/2023																																
Rx #	57760294																																
Original Order	Cymbalta 60mg PO Q HS DOT																																
Discontinue	1/8/23																																
Rx #																																	
Original Order																																	
Discontinue																																	
Rx #																																	
Original Order																																	
Discontinue																																	
Rx #																																	
Original Order																																	
Discontinue																																	
Rx #																																	
Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature
Location	W-1249 W-1251																																
Date of Birth or Soc. Sec. No.	06/04/1988																																
Allergies	NO KNOWN DRUG ALLERGY																																
Patient Name and Number	ALLEN, KEITH M21830																																
Form # 6122UM122 (Rev. 01/22)																																	

Name of Individual in Custody: _____ ID#: _____ Housing Unit: _____

Admission Date: _____ Discharge Date: _____

Facility: _____

[illegible]

Ex 4.6: 148

BOSWELL PHARMACY SERVICES
814-629-1397 • Fax: 814-629-7644

1

MEDICATION ADMINISTRATION RECORD

Exhibit B 149

[illegible]

Distribution, Offender's Medical Record

Date/Time	Subjective, Objective, Assessment	Plans
2/3/23 2:30 pm	"JR" NP NOTE: S:	P. R/U - 2/3/23
	Received and Reviewed	comp. Journal
	Medical furlough - visit	Emergency
	2/2/23. 0151	
	0 Jan C Journal -	
	Emergency in scheduled	
	for 3/3/23	
		Emergency NP

Offender Information:

First Name	Alan
Last Name	Thorn
MR	
ID#:	M21830

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes
Menard Correctional Center

150,000 # + 1947

Allen v. Hunter (23-3775) Bates Document No.: 000332

ILLINOIS DEPARTMENT OF CORRECTIONS
Health Status Transfer Summary

Individual in Custody Information:
Last Name: Allen First Name: Kevin MI:
ID#: M2830

Transferring Facility: Menard Correctional Center
Date: 2/20/23 Time: 5:45 a.m. ☐ p.m.

Transfers for Screening (completed by transferring facility health care staff):
☐ HIV Test & Counseling Offered (only transfers to ATC, parole, release or discharge)
Allergies: None
Current / Acute Conditions / Problems: Cardiac Thrombosis
Chronic Conditions / Problems: Cardiac Thrombosis
Current Medications (name, dosage, frequency, and duration):
Acute Short-term: None
Chronic Long-term: None
Chronic Psychotropic: Lyndora 90mg HS
Current Treatments: None
Therapeutic Data: See
Follow-up Care: PHC
Chronic Clinics: None
Specialty Referrals: Cardiac Thrombosis
Significant Medical History: Myocardial Infarction 2/20/23
Physical Disabilities / Limitations: None
Aspirative Devices / Prosthetics: None
Medical Health Issues: ☐ Hx Suicide Attempt Date: None
RAC Use Only: ☐ LAB ☐ EKG ☐ CXR ☐ Dental ☐ MEDS ☐ MH ☐ Other ☐ Packet Complete ☐
Health Care Staff and Title: Jeremy Butler, CN2 Signature: [Signature] Date: 2/20/23

Reception Screening (completed by receiving facility health care staff):
Facility: _____ Date: _____ Time: _____
Subjective: _____
Current Complaint: _____
Current Medications/Treatment: _____
Objective: _____
Physical Appearance/Behavior: _____
Deformities: Acute/Chronic: _____
P: _____ R: _____ B/P: _____
Plan: Disposition: _____
Health Information Given: _____
Stick Call: Urgent / Routine: _____
Medication Evaluation: _____
Work / Program Limitation: _____
Specialty Referrals: _____
Therapeutic Diet: _____
Special Housing: _____
Chronic Clinics: _____
Emergency Referral: _____
Printed Name and Title: _____ Signature: _____ Date: _____
☐ For Adult Transition Center transfers ☐ For Electronic Detention/Monitoring:

Mental Health Professional Signature and Title: _____ Date: _____
Health Care Staff Signature and Title: _____ Date: _____
☐ Approved ☐ Denied ☐ Denied

Distribution: Individual in Custody's Medical Record
Transferring Facility
Receiving Facility

DOC 0080 (Rev 8/2021)

Menard Correctional Center

ID#: m21830

DOC 0084 (Eff. 9/20/22)
Replaces DC 717

Exhibit ID #2284 131 p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/2/23	RN note	P) Continue w/f
1:40 pm	S/D Security staff escorted Mr. Allen to ACU 3 rd floor	
T98 ²	for MF. Pt was ambulatory	
P72	& voiced &c/o w/f prep	
R18	instructions were given	
BP 132/66	& he verbalized understanding	
In Sat 98%	A) MF	June Krebs RN
3/3/23	RN note	P) Await return
0640	S/D Escorted out of facility by security for MF. Pt has remained NPO since MN	
	A) MF	Shaddeh

Distribution: Offender's Medical Record

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DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

Exhibit # 152, p. 1 of 2

Offender Intimacy Progress Notes

Menard Correctional Center

Offender Information:

Last Name

First Name

MI

ID#:

Date/Time	Subjective, Objective, Assessment	Plans
	<u>DOCTOR INFIRMARY ADMISSION NOTE</u>	PLAN:
	By: (Circle one): MD NP PA DDS Licensed Mental Health Professional	VITAL SIGN FREQUENCY:
	ACUTE CHRONIC	
	<u>SUBJECTIVE:</u>	DIET:
	HISTORY:	
		ACTIVITY:
		MEDICATION ORDERS:
	DURATION:	
	<u>OBJECTIVE:</u>	
	PHYSICAL EXAMINATION:	
		OTHER ORDERS:
	CURRENT CONDITION:	
	OTHER MEDICAL CONDITIONS:	
	ADMITTING DIAGNOSIS/ASSESSMENT	

Printed on Offenders Medical Record

Printed on Page 1 of 1

DOC 0085 (REV. 9-2002)
(P. 1 of 1)

ID #2286

Exhibit # 152, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

MENARD CORRECTIONAL Center

Offender Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/8/23 8pm	RN NOTE	PLAN: Continue to monitor patient
	S: (Chief Complaint)	
	"limb"	
	O: BP _____ P _____ R _____ T _____	
	SPO2 _____ %RA _____ WT _____	
	Mental Status A/Ox4	
	PERRLA (C)	
	Heart: HLL	
	Circulation:	
	Radial Pulses (C) Pedal Pulses (C)	
	Skin (Circle): Warm Cool Moist Dry Pink Pale	
	Lungs: CRR	
	Abdomen: Soft BS (C) x4	
	Bladder: voids 5 diff	
	Wounds: (C) wrist Dressing: steri strips intact on	
	Pain Scale "1-10" 4 Location: (C) wrist	
	Is taking Motrin per Rx	
	Diagnosis Based Assessment:	
	Denies needs, takes Rx as ordered	
	A: Nursing Diagnosis	
	alt in comfort	
	Nurses Signature: [Signature]	

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DOC 0086 (ENF. 9/2002)
(Replaces DC 7147)

ID #2287

Exhibit # 153, p. 1 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmary Progress Notes

Menard Correctional Center

Offender Information:

allan
Last NameKeith
First Name

MI

ID#:

ma1830

Date/Time	Subjective, Objective, Assessment	Plans
3/8/23	INFIRMARY NURSE ADMISSION NOTE: <u>ACUTE</u> Chronic	PLAN:
5PM	SUBJECTIVE: Chief Complaint None	MD NOTIFIED: ✓
		HCUA NOTIFIED: ✓
		DIETARY NOTIFIED: ✓
		TYPE OF DIET: Regular FORM SENT TO DIETARY
	Duration:	MEDICATION ORDERS
	Objective: BP <u>130/80</u> T <u>98</u> P <u>70</u> R <u>18</u> WT <u>184</u>	See MAR
	Oxygen Saturation: <u>99%</u>	
	Peak Flow: <u>1</u> <u>2</u>	
	HEART: <u>R.R</u>	
	LUNGS: <u>CTA</u>	OTHER ORDERS:
	EYES: <u>=</u>	
	SKIN: (circle) <u>WARM</u> MOIST DRY CLAMMY	
	SKIN COLOR: <u>Natural</u>	
	SPEECH: (circle) CLEAR SLURRED	TREATMENT:
	MOBILITY: <u>ambulatory</u>	<u>No lifting</u>
	ELIMINATION: <u>WNL</u>	
	MENTAL STATUS: <u>Box 3</u>	ACTIVITY: <u>as tol</u>
		ORIENTATION TO THE INFIRMARY
		RULES, CALL FOR HELP, PLAN OF CARE
	ASSESSMENT/NURSING DIAGNOSIS:	OTHER: <u>Druck PM</u>
	P.O. <u>Carpal Tunnel</u> <u>Impingement</u>	

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(Replaces DC 714)

Allen v. Hunter (23-3775) Bates Document No.: 000348

Exhibit # 154, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN

Last Name

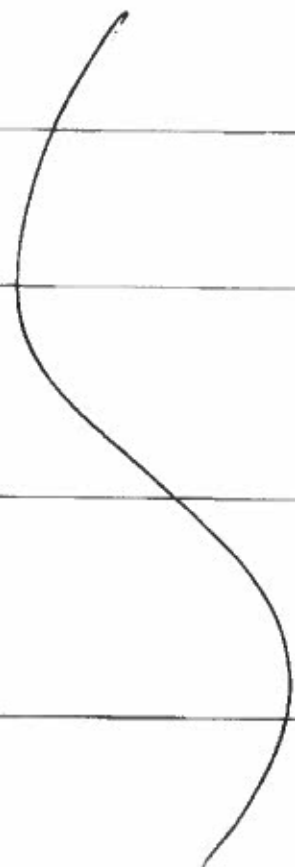
KEITH

First Name

ID#:

M21830

MI

Date/Time	Subjective, Objective, Assessment	Plans
3/7/2023 1255	PHYSICAL THERAPY EVALUATION	P: Skilled PT intervention 2x/wk x4 wks
	S: Patient states the swelling has gone down a whole lot since he started doing the exercises. States he has a lot of legal work to do, and he can type it with his left hand for now, but he hopes he can write with his (R) hand soon.	
	O: Observation: Incision at anterior (R) wrist healing well, well approximated with stitches intact. No drainage noted. Patient appears to have less edema at the (R) hand today than yesterday, although not formally measured.	
	ROM: (R) wrist flex AROM/PROM = 53/62 degrees Ext AROM/PROM = 68/71 degrees Radial Deviation AROM = 26 degrees Ulnar Deviation AROM = 40 degrees Finger Flex/ext WFL Opposition WFL	
	Treatment: Patient was instructed in HEP consisting of AROM wrist flex/ext and radial and ulnar deviation. Instructed patient to continue with finger flex/ext and opposition. He is able to demonstrate all exercises and verbalizes understanding. Instructed patient he is not to lift anything heavier than a coffee cup. He verbalizes understanding.	
	A: Patient's orders clarified by NP. He can complete ROM at wrist and hand; NO strengthening. He is not to lift anything heavier than a coffee cup. Patient will benefit from skilled PT intervention to facilitate increased ROM at (R) wrist post carpal tunnel release on 3/3/23. Will progress to strengthening when allowed by surgeon.	
	Goals: 1. Patient will increase (R) wrist flex AROM to 75 degrees or more. 2. Patient will be able to return to writing with (R) hand.	
		CSauerhag R

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(Replaces DC 7147)

Exhibit # 154, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Allen
Last Name

Keith
First Name

ID#: 1721830

Date/Time	Subjective, Objective, Assessment	Plans
03/06/23 3:30pm	<p>RA note</p> <p>90: Drug to R Hand/Wrist removed. Suture line continuous and intact. No infection, drainage noted. Wound care and ROM exercises to lifting restriction and elevation reviewed. Allen also verbal understanding.</p> <p>A: Wound check.</p>	<p>P: CPM.</p> <p>BDG-m</p>
3-7-23 9:45a	<p>RA note</p> <p>9:45a 5/0 24° SH extended per Major Ralphe. NSC offered. 8/0 @ 10° & 8/0 @ 10°</p> <p>5H</p>	<p>Continue SH</p> <p>Jim Krehaw</p>

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(Replaces DC 7147)

ID #2291

Exhibit # 155, p. 1 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/14/23 1400	NP ND	P) Wsg off today or
	3/10) Spoke to Carlos	tomorrow may clean
	to Dr. Youngs office	blood to H2O/NS
	new/clarification	to TAO or out on
	of orders. May take	surg incision
	off dressing today	PT eval/Tx
	or tomorrow, may	CT release: Rom
	clean blood to H2O	exercises to
	+ NS. do not use	wrist and fingers
	any TAO or sur	to strengthening
	on incision/sutures	exercises w/
	has upcoming	ADDITIONAL:
	appointment and	No use of R hand
	they will take	may lift cup of
	sutures out.	coffee nothing
	Otherwise keep	heavier.
	area clean/dry.	

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DOC 0084 (Eff. 9/2002
(Replaces DC 7147))

Exhibit # 155, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender information:

<u>Allen</u>	<u>Kurt</u>	<u>MO</u>	ID#: <u>M21830</u>
Last Name	First Name	MO	

Date/Time	Subjective, Objective, Assessment	Plans
3/16/23 1400	Physical Therapy to begin ROM exercises w/ wrist and fingers • Strengthening exercises at this time • Provide to provide communication clarification of orders S/P CT release	
		Primer

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Noted BMT for 3/6/23

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

Exhibit # 156, p. 1 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

allen
Last Name

Keith
First Name

MI
ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
3/6/23	PT NOTE	
0835	S: Pt repeatedly asks if it is ok to move his fingers since he had surgery & he can feel it in his incision. states his stitches are to be removed in 17 days.	
	O: Pt seen in HCU infirmary. Pt is acc wrap & dressing intact to @ wrist & @ UE in sling.	
	Instructed pt in finger ROM ex's: flex ^{flex} flex/ ext & opposition to facilitate ROM & decrease	
	Unable to assess wrist ROM 2° to dressing.	
	A: Pt is s/p @ carpal tunnel release on 3/7/23. i orders to begin PT	
	3/6/23. Limited Rx today	cont'd US A

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(Replaces DC 7147)

Exhibit #156, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

<u>Allen</u>	<u>Keith</u>	<u></u>	ID#: <u>M21830</u>
Last Name	First Name	MI	

Date/Time	Subjective, Objective, Assessment	Plans
3/6/23	PT NOTE could	P: Reassess pt when
0835	A: a' to dressing in place Pt hesitant to complete finger ROM exercises requires repeated instruction that it's beneficial for healing.	dressing removed. Crameridge A

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(Replaces DC 7147))

Exhibit 4 157, p. 2 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

allen Keith ID#: M21830
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
3.5.23	Rn note	P) cont SH
11AM	S/O) NSC offed 24° SH ext. Drog & acc wrap Remains C.D.I. Rings unmovable. Nail Bed pink Healthy. Circulation Good P. Denis pain @ the time. —	
3/6/23 8AM	A) SH RW note: Go: 24° SH ext per Major Hudson. NSC offed. Denis clo. A: SH.	P: cont SH. Bog

Distribution Offender's Medical Record

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Exhibit # 158, p. 1 of 2

Menard Correctional Center

Last Name: Allen First Name: Keith MI: MI ID#: 1203

Date/Time	Subjective	Objective	Assessment	Plans
3/3/23 1545	NP Not Cont			<p>1) Dramatic letter by other NP.</p> <p>2) Sylence 300mg 2 tabs Q 8° PRN x 2 weeks</p> <p>3) Mictin 400mg T tabs Q 8° PRN x 2 weeks</p> <p><i>[Signature]</i></p>

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Menard Correctional Center

 Last Name First Name MI ID#: M21830

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ID #2299

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

YOUR Correctional Center

Offender Information:

Allen

Last Name

Keith

First Name

ID#

M21831

Date/Time	Subjective, Objective, Assessment	Plans
3/13/23 1545	MPN NOT	1) 23 @ 5th
	S) I'm doing alright	Keep area clean/dry
	1) 100 x 4 resp E/L	may apply ice on/dy
	10 TAB, Abd BLS x 4	2 min / 1 hour for
	2) hand & map	first 48
	fingers move freely	Continue use of
	water unit caprylic	Shing - Elevate
	438 cc.	area when possible
	4) Carpal Tunnel	may bathe/shower
	Release of Report	but keep area
		dry.
		2) diet as tolerated
		flu & other things
		3/20/23 @ 8:00
		Refer to on-site
		PT Start by 3/4/23
		Per Don Young

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Menard Correctional Center

Allen v. Hunter (23-3775) Bates Document No.: 000335

Exhibit #160 pg. 1 of 2

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Infirmiry Progress Notes

MENARD CORRECTIONAL Center

Offender Information:

Allen Keith ID#: M71830
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
3/9/23	RN NOTE	PLAN: Continue to monitor patient
8:15 AM	S: (Chief Complaint) Nose	Keep hand clean/day
	O: BP <u>118/70</u> P <u>75</u> R <u>16</u> T <u>98.2</u>	
	SPO2 <u>99</u> %RA WT	
	Mental Status <u>Ax3</u>	
	PERRLA <u>=</u>	
	Heart: <u>EC</u>	
	Circulation: <u>+</u>	
	Radial Pulses <u>+</u> Pedal Pulses <u>+</u>	
	Skin (Circle): <u>Warm</u> Cool Moist Dry Pink Pale	
	Lungs: <u>CTA Bil</u>	
	Abdomen: <u>Soft Non tender</u>	
	Bladder: <u>Naibo</u>	
	Wounds: <u>@ Palm</u> Dressing <u>Sutures intact</u>	
	Pain Scale "1-10" <u>OT</u> Location: <u>OTA</u>	
	<u>dmis pain</u>	
	Diagnosis Based Assessment:	
	A: Nursing Diagnosis	
	<u>alt skin integrity</u>	Nurses Signature: <u>Keith</u>

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ID #2302

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Mormon Center

Offender Information

Allen

Keith

1/2/83

Date/Time	Subjective, Objective, Assessment	Plans
3/9/23		
9AM	8. Summary of reason for Admission:	Discharge (Regular)
	@ Capital Tunnel	Activity on discharge: as-tol
	Release	NO lifting
	U T 98 P 15 R 16 R	Payia / Judin No yard
	118/90	General
		Medication
		Return Follow-up 5d
		Suture Removal (Port)!
		Return Follow-up Keep hard 260
		Clean/Bag DTA
	5/P @ Brand sing	Discharge Location
	alt. Comfort	Name/Signature
	Press for infection	

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN

Last Name

KEITH

First Name

ID#:

M21830

MI

Date/Time	Subjective, Objective, Assessment	Plans
4/12/2023 1330	PHYSICAL THERAPY REEVALUATION	P: Skilled PT intervention 2x/wk x4 wks
	S: Patient states his wrist is getting better; the movement is getting better. It does feel like there's a ball (in the incision). He has a squeeze ball to utilize.	
	O: <u>ROM</u> : (R) wrist flex AROM/PROM = 44/45 degrees PROM = 56 degrees after stretching Ext AROM = 72 degrees	
	<u>Treatment</u> : Provided gentle passive stretching for (R) wrist flex to facilitate increased ROM. Instructed patient in scar massage (he reports he is using Vaseline on incision as allowed by MD at this time). Additionally instructed patient in gentle self passive stretching of wrist, and to continue AROM exercises. Patient verbalizes understanding.	
	A: Patient seen by skilled PT since 3/7/23 following (R) CTR on 3/3/23. Since SOC patient's wrist flex ROM has actually decreased, with patient reporting he didn't know he could work on moving his wrist. AROM in ext is slightly improved. Grip strength is weak, but this has not been addressed; surgeon did give him a squeeze ball. Will continue to address patient's deficits and progress toward established goals.	

Sauerhage A

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

ALLEN

Last Name

KEITH

First Name

ID#: M21830

MI

Date/Time	Subjective, Objective, Assessment	Plans
5/10/2023 1215	PHYSICAL THERAPY REEVALUATION	P: Continue skilled PT intervention 1x/wk x4 wks
	S: Patient reports his wrist is getting better. It feels like it's been healing more from the inside. He's been able to put some more pressure on it. He used to lift weights, but he hasn't even tried to do push-ups yet.	
	O: (R) wrist ROM Flex AROM/PROM = 58/66 degrees Ext AROM = 76 degrees.	
	Treatment: Patient completed (R) wrist AROM in all planes as well as finger flex/ext and opposition. Provided scar massage to well healed incision at anterior (R) wrist. Instructed patient to continue with AROM exercises, passive stretching into flexion, and scar massage. Patient verbalized understanding.	
	A: Patient seen by skilled PT since 3/7/23 following (R) CTR on 3/3/23. Patient's (R) wrist flex AROM declined from SOC to reassessment on 4/12/23, but is increased again today to 5 degrees greater than SOC status. Wrist ext AROM is increased by 8 degrees since SOC. Patient is agreeable to continue skilled PT intervention with decreased frequency to further increase ROM at (R) wrist and progress to strengthening when allowed by surgeon.	
5/14/23 1200	PM visit S) pt still has some symptoms O) ROM + strength (R) wrist A) complete in next visit	pt will continue

Sauerhage At

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmity Progress Notes

Menard

Center

Offender Information:

Allen

Keith

ID# MI 21830

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
3/9/23	MD Infirmity Discharge Summary <u>NP</u>	P.
<u>Physian</u>	S. "OK"	Diet on discharge: <u>Regimen</u>
	Summary of reason for Admission/Admit DX	Activity on discharge: <u>Up As tolerated</u>
	<u>Carpal tunnel, right</u>	
	O. A dxs. <u>Cubital (R) Hand</u>	Treatment and medications on discharge: <u>AZE to take - nurse to</u>
	<u>SI to palm Approx 4-5 sutures</u>	<u>SI to (R) Hand every other day</u>
	<u>D/E. d/s/s/s of infection to</u>	<u>X 1 wk -</u> <u>- NP to HUC pt on 3-13-23</u>
	<u>SIH (R) Hand does have edema</u>	Return Follow-up: <u>3-17-23</u>
	<u>Arrow-L the area which is to</u>	<u>Tylenol 325mg (2 tabs) PO TID PRN</u>
	<u>be expected to surgery.</u>	<u>X 1 mo Advise C Ithorin</u>
	A.	<u>Dexamethasone 4mg PO TID PRN X 1 mo</u> <u>Advise C Ty1.</u>
	Discharge DX:	<u>Cent all other med's</u> <u>Discharge to keep SI D/E - 1 Saturday</u>
	<u>NP to (R) Carpal tunnel</u>	MD Signature: <u>C HED R/Sutures</u> <u>Advise on 3/9/23</u> <u>OK with care to report</u> <u>to HUC: TOLUS.</u>
	<u>release</u>	

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ID #2306

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmity Vital Sign
Graphic Flow Sheet

Offender Information

Last Name

First Name

MI

ID#

Facility: Menard Correctional Center

Date	2/8/23												2/9/23																																												
Hosp Day/Pe Day																																																									
Hour	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12									
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9 AM																																																									
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4 PM																																																									
8 PM																																																									
Weight																																																									
Height																																																									
Stools																																																									
Urine																																																									
Basic C-P-T-S																																																									
Oral Hygiene																																																									
PH Care																																																									
Dist																																																									
Ala																																																									
Stool																																																									
Activity																																																									
Bed Rest																																																									
Bed position																																																									
R.O.M. Exercises																																																									
Walk																																																									
Other:																																																									
Staff Name																																																									
TS																																																									
3-11																																																									
11-7																																																									

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional CenterPHYSICAL THERAPY
EVALUATION

Offender Information:

Allen

Last Name

Keith

First Name

MI

ID#: M21830

Date/Time	Subjective, Objective, Assessment	Plans
10/13/2022 1330	S) Patient c/o R hand pain and N/T which radiates to the R elbow (cubital tunnel). Symptoms started after a fracture in the L hand from a fight on 9/16/21. States the bone didn't heal right and caused CTS. Saw a specialist who started him on Meloxicam and is supposed to get a brace. May need surgery. Symptoms are worse with writing and gripping movements such as wringing out his clothes. Pt rates his current pain 8/10.	Patient will be seen one more visit to review proper performance of HEP. <i>R. [Signature]</i>
	O) Appearance: Right hand is grossly unremarkable w/o obvious edema or atrophy.	
	Palpation: Tenderness present over the R carpal and cubital tunnels.	
	AROM: Right wrist and elbow WFL and grossly equal to the left.	
	Strength: Right wrist and elbow grossly 4+/5.	
	Special Tests: Tinel's test positive R wrist.	
	Treatment: Initial evaluation, therapeutic exercise and patient education regarding position and activity modification, and HEP of wrist extension stretch w/ elbow flexion and extension.	
	ASSESSMENT: Patient presents with R CTS d/t Hx as noted above. Patient may benefit from Physical Therapy.	
	Goal of Physical Therapy within 2 weeks: 1. Decrease pain 1-2 levels. 2. Independent with HEP.	

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Center

ID#: M21830

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Keith Allen 000238

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